World Bank emphasizing that the World Bank did not discuss with any of the programme officers either during the review or before finalizing the review report. These discussions would have clarified most of the issues mentioned in the report. Had this been done, most of the inferences would have been different.

Government of India is committed to elimination of any deficiencies or irregularities which are detected. Structural deficiencies which there noted in the earlier programmes have been taken care of in the successor programmes. It has been aware of many such irregularities and has taken action, if required in the past. Several criminal, penal and disciplinary actions have been taken such as:

(0 Suspended business with two firms *viz.* M/s. Nestor Pharmaceuticals and M/s. Pure Pharma in July, 2005 on charges of reported collusion.

(ii) A case was registered by CBI on 21.8.2006 against M/s. Pure Pharma and M/s. Nestor Pharmaceuticals and the case is at an advanced stage of investigation.

(iii) Two officers (Shri M.P. Gupta of Hospital Services Consultancy Corporation and Shri Vasant Bhat of Hindustan Latex Limited) from the Procurement Support Agencies, who were allegedly involved in procurement irregularities, were suspended in 2006 and continue to be under suspension. Departmental proceedings against them are also at an advanced stage.

The World Bank report has not taken note of all these actions.

The World Bank report also did not take note of the structural changes which have been initiated post 2005. A very important structural change which has been initiated by Government of India is the launch of National, Rural Health Mission (NRHM) in April, 2005. NRHM has initiated the following architectural corrections in the public health delivery system:

- NRHM has in-built institutional and financial monitoring mechanism, *e.g.,* Programme Management Units (PMUs) at State/District/Sub-district levels consisting of management, financial and IT experts.
- Community ownership, accountability and oversight through Village Health and Sanitation Committees at the village level and Rogi Kalyan Samitis (Patients Welfare Societies) at sub-district and District Hospital levels consisting of representatives of Panchayati Raj Institutions, civil society and Government health functionaries.
- The Mission emphasises on 'service guarantees' and not merely on the creation of buildings and purchase of equipments.
- Capacity Building of States for decentralised procurement.
- Electronic transfer of funds from Government of India to States and States to district and E-Banking for real time financial reporting and monitoring.

In addition, in Centralized procurement, following corrective actions have been taken:

(i) Shifted the procurement responsibility from Procurement Support Agencies to the United Nation Office for Project Services for Bank supported operations.

(ii) Set up an Empowered Procurement Wing (EPW) to provide oversight to the procurement handled by Procurement Agents (PA). Developed procurement Policies and standards for the health sector; and working on state procurement capacity building.

(iii) Introduced measures to improve the competition, transparency and quality through the Governance and Accountability Action Plan (GAAP) agreed for all health projects by the Bank in 2006.

(iv) Prepared a compendium of technical specifications for medical equipment (more than 800) which is uploaded on the Health Ministry's website.

(v) Created the Financial Management Group (FMG) at the Health Ministry, supported finance staff at State and District levels, developed detailed projectspecific financial management manuals.

(vi) Developed detailed guidelines and operational manuals for procurement of NGOs and Public Private partnerships (PPPs) under HIV/AIDS control programme.

(vii) Developed detailed procurement and financial manuals and trained state personnel.

(viii) Introduced evaluation of NGO performance by Committee having one external evaluator under HIV/AIDS control programme; and terminated contracts of about 25% NGOs which were non-complaint with the guidelines.

(ix) Pre-award validation/certification of WHO GMP made mandatory in all cases.

Further, after receipt of the report, following actions have been taken:

(i) To address the systemic deficiencies pointed out in the World Bank report relating to procurement, implementation and oversight a Joint Action Plan has been finalised after intensive discussions with the World Bank keeping in mind specific interventions and timelines.

(ii) Three new cases pertaining to Chhattisgarh and Karnataka referred to CBI for further investigation. One of these was identified through an analysis of the audit report. In a similar case the Government of Orissa has filed a criminal case and initiated departmental proceedings.

(iii) Government of Orissa has now ordered a full-fledged vigilance inquiry to look into all deficiencies pointed in the World Bank report regarding the State Health System project.

Meningitis in Delhi

868. SHRIMATI VIPLOVE THAKUR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of cases of Meningococcal Meningitis reported in the country during the current year, district-wise;

(b) whether Government has launched any campaign to educate the people to prevent this life threatening disease from spreading and provide them with precautionary medicines; and

(c) if so, the amount allocated to each State to beat the problem?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) A state-wise list of number of cases of meningococcal meningitis as reported in the country during the year 2007 is placed at Statement-I. *(See* below/ During 2008, from 1 st January 2008 to 29th February 2008, a total of 106 cases (88 probable, 18 confirmed cases) and 12 deaths (3 probable and 9 confirmed) due tomeningococcal disease were reported. Out of these 42 (35 probable, 7 confirmed) cases and 7 deaths (6 probable 1 confirmed) were reported from out of Delhi. From Delhi, there were 64 cases (53 probable, 11' confirmed) and 5 deaths (3 probable 2 confirmed) due to meningococcemia disease.

(b) and (c) In the wake of reporting of meningococcal disease in Delhi and surrounding areas in National Capital Region (NCR), the Directorate General of Health Services, Ministry of Health and Family Welfare convened the meeting of an expert group of 13th February, 2008 to review the situation. The Expert group comprised of National Institute of Communicable Diseases (NICD), Indian Council for Medical Research (ICMR), Medical Superintendent of major hospitals of Delhi, MCD, NDMC and Delhi Government. It was observed that all the major hospitals are fully equipped to manage the cases of this illness, having sufficient stock of medicines and laboratory reagents. All the hospitals have been directed to ensure regular and timely reporting of cases to Municipal Corporation of Delhi (MCD), which has been identified as the nodal agency to coordinate all the activities.

MCD has aleady initiated Information Education and Communication (IEC) measures. Chemoprophylaxis is being given to high-risk personnel such as health care/laboratory worker and close contacts of the cases.

NICD is providing referral diagnostic services. NICD has tested 44 clinical samples received from different hospitals from 1 st January to 27th Feb., 2008. Out of 44,8 (18.2%) samples were found positive for serotype-A meningococos.

To monitor the situation of the disease on day-to-day basis and to know the trend of the disease, the information on the meningococcal disease is being collected regularly from the control room, tablished at MCD office. Epidemiological analysis is being carried out by the NICD and the weekly report is being sent to MCD for taking further necessary action.

NICD also provides technical guidelines to States neighbouring Delhi to prevent and control meningococcal diseases, including training and laboratory support to hospitals. NICD circulates CD Alert on the Meningococcal disease to all the affected States, which includes case definition, clinical profile management of cases, prevention and control measures for outbreaks. The CD alert has been sent to MHO (MCD) for ready reference and circulation to all the reporting units.

Funds are released to states/UTs under Integrated Diease Surveillance Programme (IDSP), which is a decentralized state based surveillance project to detect outbreaks of epidemic prone diseases including meningococcal meningitis. A list of state-wise and year-wise release of funds to States/UTs is placed at Statement-II.